Memorandum



To: Regional Directors

Long Term Care Services

From: Jacquelyn McDonald Barry C. Waller

Assistant Commissioner Assistant Commissioner

Access and Intake Provider Services

Subject: Community Care Policy Clarification CCAD 04014, PHC 04005

Date: September 30, 2004

Policy Question 1:

Is the current policy on service interruptions different than the previous policy on service breaks?

Policy Clarification 1:

Prior to June 1, 2004, providers were required to obtain authorization from the case manager for service breaks. Case management policy directed that authorization for the break be provided if there were extenuating circumstances such as a client's decision to await placement of a specific attendant, and the service break did not pose a threat to health and safety.

Effective June 1st the provider rules require the agency to document a service interruption. The documentation must contain the reason for the interruption and is retained in the provider records. For a priority client the documentation must be done by the 30th day after the beginning of the service interruption and for a non-priority client must be done by the 30th day after the day the service interruption exceeds 14 consecutive days. §47.63 cites acceptable reasons for service interruptions.

Policy Question 2:

The provider rules [§47.63 (a)(1)] state that a service interruption occurs when, on a particular day or time when services are scheduled:

- (1) the client requests that:
- (B) fewer hours than scheduled be delivered. Does this apply to both priority and non-priority services?

Community Care Policy Clarification CCAD 04014, PHC 04005 September 30, 2004 Page 2

Policy Clarification 2 provides additional clarification to Community Care Policy Clarification CCAD 04012, PHC 04004, Policy Question and Clarification 7. Policy Question 7 is "How is the start of a service interruption calculated for someone on a variable schedule? The last paragraph in Policy Clarification 7 states "If a **non-priority** client on a variable schedule, authorized for twenty (20) hours per week, receives only 14 hours during the July 4th to July 10th period, the service interruption begins on July 11th, 2004 and the 14th day of service interruption is July 24, 2004. Clarification 2 of this policy clarification supercedes that response.

Policy Clarification 2:

No. This definition of a service interruption as fewer hours than scheduled applies to priority services.

For non-priority services, documentation is required for service interruptions in which no services are delivered during an entire period that exceeds 14 days. This includes non-priority clients on variable schedules. It is however a 'best practice' to document all communication about the client.

If the provider agency identifies an on-going need for a decrease in hours, the provider must develop a new service plan within 21 days.

Policy Question 3:

Section 47.73 includes a statement that the provider agency must request annual reauthorization for all Community Attendant services clients. Does this mean the provider agency is responsible for tracking the annual reauthorization due date?

Policy Clarification 3:

The case manager begins the reauthorization process by sending a pending Form 2101, Authorization for Community Care Services to the provider agency. The timeframe the provider must meet is submission to the regional nurse within 14 days of receipt of the Form 2101 if they date stamp it, or the Item 1 date on the Form 2101 if the provider agency fails to date stamp the form upon receipt.

Policy Question 4

Is the regional nurse required to send a copy of the Form 2101 to the provider agency to verify that they have reviewed the annual CA reauthorization request?

Community Care Policy Clarification CCAD 04014, PHC 04005 September 30, 2004 Page 3

Policy Clarification 4

No. The regional nurse must sign and date the reauthorization request and retain it in her files.

Policy Question 5

Is the provider required to send a copy of the Form 2101 to the case manager to verify the date a service plan change was implemented?

Policy Clarification 5

No. The provider must maintain documentation in their client file.

The PHC compliance monitoring form will be revised to reflect the clarification reservice interruptions.

Please contact Janice Wallace at (512) 438-2188 if you have questions regarding the provider rules. Questions regarding PHC monitoring forms or processes may be directed to Lettie Ojeda at (512) 438-4768.

JM:ck

c: Barry Waller, W-511 Sharon Wallace, W-342 Cindy Kenneally, W-521 Cathy Horton, W-521